

LOS ANGELES COUNTY REGIONAL PARK AND OPEN SPACE DISTRICT  
AMENDMENT REQUEST FORM

Project Name

Grant Number

Agency Name

Type of Amendment (Check all that apply)

☐ Performance Period Extension

☐ Project Scope Change

☐ Funding Change

☐ Other

Performance Period Extension

**Required Attachment:**

☐ Timeline

Current End Date

Proposed End Date

☐ Anticipated Funding Needs

Justification

Project Scope Change

**Required Attachment(s):**

☐ Grant Scope/Cost Estimate Form

☐ Site Plan (if applicable)

☐ Other

Current Scope

Proposed Scope

Justification

Project Funding Change

**Required Attachment:**

☐ Grant Scope/Cost Estimate Form

Select One

☐ Decrease

Current Amount

Proposed Amount

☐ Other\*

Justification

*\*This box may not be selected without prior RPOSD approval.*

Authorized Representative

Name and Title (Type or Print)

Phone Number

e-mail

Signature of Authorized Representative

Date